



PUBLIC HEALTH BYTES

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Henrico Health Department's Newsletter

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MRSA Reporting/Epidemiology

On Wednesday, October 24, 2007, Governor Kaine approved an emergency regulation requiring laboratories to report positive MRSA cultures from normally sterile body sites (i.e. blood, joint fluid, CSF, tissue from organs, etc.) to the health department. Urine, wounds, and sputum will not be considered sterile sites for purposes of this surveillance. VDH has already sent information to laboratory directors and infection control practitioners. The requirement only applies to labs at this time—clinicians do not need to report sporadic MRSA cases. As per current reporting regulations, any suspected outbreak (whether MRSA infection or any other agent) should be reported to the local health department.

Epidemiology of Staphylococcus aureus and MRSA

1) Staph bacteria are the most common cause of skin infections in U.S. 2) About 30% of the U.S. population is COLONIZED (NOT infected) with Staph bacteria; about 1% of people are COLONIZED with MRSA 3) Common areas of colonization for Staph include the nose, axilla and groin 4) Most cases of S. aureus infection are caused by methicillin-sensitive Staph aureus (MSSA) 5) MRSA organisms are NOT more contagious or infectious than MSSA organisms 6) Despite their resistance to some antibiotics, MRSA infections are treatable, especially if caught early. 7) Some early infections may not require antibiotics at all (those that are incised and drained, for example). See *JAMA*. 2007;298:1763-1771.

MRSA Prevention

MRSA Prevention and Control measures: With respect to skin infections, Staph bacteria are spread by direct contact, thus the primary infection control measure is to interrupt this mode of transmission. Please continue to promote the following infection control measures with your staff and patients:

- Handwashing – the single MOST important method of preventing infection;
- Adequately covering any wounds;
- Not sharing personal items (razors, towels, etc.);
- Routine and thorough cleaning of surfaces where Staph may reside;
- Good personal hygiene (including handwashing, showering after physical activity or sports, etc.);
- Seeking medical care for a concerning wound (i.e. one that is draining/weeping or not healing);
- Healthcare providers should only culture and/or provide antibiotics for wounds where MRSA is suspected – all wounds do NOT require a culture or antibiotic therapy.

An overview of Community-Associated MRSA and additional resources are available at http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

MRSA and Specific Populations

Children in daycare: Children with MRSA infection may attend daycare provided the affected area stays covered. If wound drainage cannot be contained, consider excluding the child from daycare until the situation improves. Healthcare providers should provide a note to the daycare that the wound should remain covered, that gloves should be used for diaper changes (if the affected area is in the diaper area) and that the changing area should be sanitized after diaper changes (which should be happening anyway).

Children in school: Henrico Health Department has been in close contact with both public and private schools in the County. We have reinforced standard infection control measures (see left-hand column) in addition to thorough cleaning of schools. Children with MRSA may attend school provided wounds remain covered. Healthcare providers should provide a note to the school to that effect and also describe any limitations or restrictions on the child's activities. Healthcare providers are not required to provide the specific diagnosis of MRSA infection to the school. Healthcare providers should anticipate an increase in requests for notes "clearing" children to return to school. Some athletes with documented skin infections will not be able to participate in direct contact sports (wrestling and/or football for example) until the wound is adequately treated or healed due to the possibility of dislodging a dressing.

Immunocompromised individuals: There are no additional recommendations beyond the previously listed infection control measures for immunocompromised people.

Additional MRSA information can be found at:

- <http://www.vdh.virginia.gov/Epidemiology/Surveillance/MRSA/> Useful information from VDH about many aspects of MRSA including the new reporting requirements
- <http://www.cdc.gov/Features/MRSAinSchools/> - useful information from CDC about MRSA in schools
- <http://www.bt.cdc.gov/coca/callinfo.asp> - a link to a CDC webinar (about one hour long) about MRSA – webinar should be online the PM of 10/26/2007

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